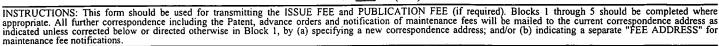
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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	E ADDRESS (Note: Use Block 1 for	any change of address)	E	Fee(s) Transmittal. The papers. Each additional	mailing can only be used for is certificate cannot be used a all paper, such as an assignment of mailing or transmission.	for any other accompanying
OLIFF & BERRI P.O. BOX 19928 ALEXANDRIA, V 1/27/2005 NBEYENE2 000	'A 22320	APR 2	5 7005	I hereby certify that the States Postal Service vaddressed to the Mai transmitted to the USP	tificate of Mailing or Trans nis Fee(s) Transmittal is bein with sufficient postage for fir I Stop ISSUE FEE address TO (703) 746-4000, on the c	mission 3 deposited with the United st class mail in an envelope above, or being facsimile late indicated below.
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						(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED		INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/765,973	01/29/2004		John D.	Black	118512	2366
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	nonprovisional NO		1	\$300	\$1700	06/10/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS		
CHERRY, STEPHEN J 286				702-050000		
Address form PTO/SB/12 Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless	lence address (or Change of 22) attached. ion (or "Fee Address" Indica or more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be	Correspondence ation form e of a Customer E PRINTED ON T	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) e data will appear on the patent. If an assignee is identified below, the document has been filed for or a substitute for filing an assignment.			
(A) NAME OF ASSIGNI	EE	(B) RESIDENC	E: (CITY and STATE OR CO	JNTRY)	
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Please check the appropriate	assignee category or catego	ries (will not be pri	nted on the pa	atent): 🗖 Individual 🗱 C	orporation or other private gro	oup entity 🚨 Government
4a. The following fee(s) are	enclosed:	4b	Payment of I	Fee(s): n the amount of the fee(s) is en	ck #165998	(\$1.700)
	mall entity discount permitte	ed)		n the amount of the ree(s) is en by credit card. Form PTO-2038		(41,700)
Advance Order - # of		·		ctor is hereby authorized by count Number 15-0461		credit any overpayment, to opy of this form).
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Authorized Signature	4/els 1				pril 25, 2005	

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